	1								A	pplica	tion	or Do	ocket Nun	nber
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		CL		s filed - I	PA					ENTIT	Y		OTHER	
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FOR			NUMBER FILED]	IAOMPEN	EXTRA	RATE		FEE		4	RATE	FI
BA	SIC FEE									380.	00	OR		760
TC	TAL CLAIMS		Z) minus 2	20=	*		X\$	9=			OR	X\$18=	
NE	DEPENDENT C	LAIMS	5) minus 3	3 =	*		ХЗ	9=			OR	X78=	
ML	ILTIPLE DEPE	NDENT	CLAIM PI	RESENT				+13	n_			OR	+260=	7
· If	the difference	in colu	umn 1 is	less than zer	ro, e	enter "0" in e	column 2	TO			_	OR	TOTAL	777
	6	תמוגא וי	IS AS A	MENDED	0	A RT II		10	IAL			JUN	OTHER	TUA
			lumn 1)			Column 2)	(Column 3)	SMA	ALL.	ENTIT	Υ	OR	SMALL	
₹ - -		CLAIMS REMAINING AFTER		•	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADD	AL		RATE	AE TIO
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A Perein		(Col	lumn 1)		PENC (C	DENT CLAIM		+13	0= OTAL			OR	+260=	
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